



STUDENT QUESTIONNAIRE

We hope that you will answer all questions. However, you may skip any questions that you do not wish to answer. Please answer all questions honestly. Mark the answers that feel right when you first read them. For questions that require a written response, please print as clearly as possible and place only one letter or number in each box. For questions that require you to select one (or more) response(s), please place an "X" in the box of the response(s) that best represent your answer. In most cases you will only mark one box per question unless specifically instructed otherwise.

Confidentiality procedure: All of your answers will be kept confidential. We will not discuss the information you provide with your parents, your school or anyone else. As soon as we receive your questionnaire, we will assign it an ID number. We will then remove the top page with your name on it from your questionnaire so that your answers are not linked with your name. Thank you for your help!

1. What is your name?

First Name

Middle Name or Initial

Last Name

2. What is your?

House/Building Number & Street Name

Apartment Number

Town/City

State

Zip Code

Home Telephone Number (area code first)

3. Do you have access to the internet?

☐

Yes

☐

No

4. Site ID

5. What is your email address?

6. Name of your school or program:

7. Name of your parent or guardian:

Some questions in this survey ask about your parents. In this survey, the term "parents" refers to the adult or adults who are most responsible for raising you now. They could be your parents, foster parents, stepparents, or relatives/guardians. If you have both natural parents and stepparents, answer for the parents who are most important in raising you.



Marking Instructions

For each question, place an "X" in the box of the response or responses that best represent your answer. Please do not use a check mark, single line, dash or other mark.

In most cases, you will only mark one box per question unless specifically instructed to mark all that apply.

For questions that require a written response, please print as clearly as possible. For written responses that have multiple boxes, place only one letter in each box.

PLEASE READ THE INSTRUCTIONS FOR EACH SECTION.

If you do not understand something, please ask us.

ABOUT ME

1. I am a:

- ☐ Male ☐ Female

2.a What month were you born?

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

2.b What day were you born?

2.c What year were you born?

3. What is your current grade?

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 8th grade | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 9th grade | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 10th grade | |

4. What is your race/ethnicity?

- ☐ Asian, Asian American or Pacific Islander, including Chinese, Japanese and others
- ☐ Black or African American
- ☐ Hispanic or Latino/a, including Mexican American, Central American, and others
- ☐ White, Caucasian, Anglo, European American; not Hispanic
- ☐ American Indian/Native American
- ☐ Multiethnic or multiracial (more than one race or ethnicity, please specify below)
- ☐ Other (write in):

5. What is your religion?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Protestant (Baptist, Methodist, etc.) | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Other religious affiliation (please specify): |

In this country, people come from a lot of different cultures and there are many different words to describe the different backgrounds or ethnic *groups* that people come from. Some examples of the names of ethnic groups are Mexican-American, Hispanic, Black, Asian-American, American Indian, Anglo-American, and White. Every person is born into an ethnic group, or sometimes two groups, but people differ on how important their ethnicity is to them, how they feel about it, and how much their behavior is affected by it. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

6. In terms of ethnic group, I consider myself to be:

7. Please read each statement carefully and check the appropriate response:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I have spent time trying to find out more about my ethnic group, such as its history, traditions and customs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am active in organizations or social groups that include mostly members of my own ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have a clear sense of my ethnic background and what it means for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I think a lot about how my life will be affected by my ethnic group membership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am happy that I am a member of the ethnic group I belong to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am not very clear about the role of my ethnicity in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I really have not spent much time trying to learn more about the culture and history of my ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have a strong sense of belonging to my own ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I understand pretty well what my ethnic group membership means to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have a lot of pride in my ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I participate in cultural practices of my own ethnic group, such as special food, music, or customs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel a strong attachment towards my own ethnic group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel good about my cultural or ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is the first language you learned to speak when you were a child?

- ☐ English

☐ Chinese

☐ Spanish

☐ Other (please specify): _____

☐ French



9. What language(s) do you usually..... (you can check more than one for each question):

	English	Spanish	French	Chinese	Other
1. Feel comfortable using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speak at home (e.g., with your parents, grandparents, and siblings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use for talking with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use when you talk or think to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How well do you:

	Not at All	Not Well	Well	Very Well
1. Understand spoken English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How tall are you?

Feet: _____
Inches: _____

12. How much do you weigh?

Pounds: _____

13. How many hours of sleep per night do you usually get (on average)?

- ☐ 4-5 hours ☐ 8-9 hours
☐ 6-7 hours ☐ 10 or more hours

14. When was the last time you were seen by a doctor or other health professional (NOT including the school nurse)?

- ☐ In the last year ☐ 2 years ago ☐ 5-6 years ago
☐ 1 year ago ☐ 3-4 years ago ☐ Over 6 years ago

15. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

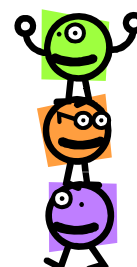
- ☐ In the last year ☐ 2 years ago ☐ 5-6 years ago
☐ 1 year ago ☐ 3-4 years ago ☐ Over 6 years ago

16. How do you describe your weight?

- ☐ Very underweight ☐ About the right weight ☐ Very overweight
☐ Slightly underweight ☐ Slightly overweight

17. Which of the following are you trying to do about your weight?

- ☐ Lose weight ☐ Stay the same weight
☐ Gain weight ☐ I am not trying to do anything about my weight



18. If you are trying to lose or gain weight, how are you trying to do this (please mark all that apply)?

- ☐ Through your eating habits (eating less/more)
- ☐ Through exercise
- ☐ Other (please specify): _____

19. Please read each statement carefully and check the appropriate response.

	Never 1	2	3	4	5	Always 6
1. I eat sweets and carbohydrates without feeling nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think about dieting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel extremely guilty after overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am terrified of gaining weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I exaggerate or magnify the importance of weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am preoccupied with the desire to be thinner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If I gain a pound, I worry that I will keep gaining.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I eat when I am upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I stuff myself with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have gone on eating binges where I have felt that I could not stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I think about bingeing (overeating).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I eat moderately in front of others and stuff myself when they're gone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have the thought of trying to vomit in order to lose weight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I eat or drink in secrecy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I think my stomach is too big.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I think my thighs are just the right size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel satisfied with the shape of my body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I think my buttocks are too large.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I think my hips are too large.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



20.a During most of LAST YEAR , where did you live? (Check one box)

- ☐ Parents' home or apartment ☐ Other relative's home
☐ Boarding School ☐ Other (please specify):
☐ Friend's Home _____

20.b How many children (including yourself) live with you?

- ☐ 1 ☐ 3 ☐ 5 ☐ 7 or more
☐ 2 ☐ 4 ☐ 6

20.c How many adults (age 21 and over) live with you?

- ☐ 1 ☐ 3 ☐ 5 ☐ 7 or more
☐ 2 ☐ 4 ☐ 6

21.a What is the most important/meaningful thing that you do?

21.b Why?

22 . How much do you agree or disagree with the following?

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. At school, I try as hard as I can to do my best work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. On the whole, I like myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At times, I think that I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All in all, I am glad that I am me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sometimes, I feel like my life has no purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I am an adult, I'm sure I will have a good life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I care about the school I go to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I often think about doing things so that people in the future can have things better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It is important to me to contribute to my community and society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. It's not really my problem if my neighbors are in trouble and need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If I had to choose between helping to raise money for a neighborhood project and enjoying my own free time, I'd keep my freedom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I don't care how I do in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23 . If you imagine yourself doing really well in all areas of your life, what would you be like? What sort of things would you do?

24 . How important is each of the following to you in your life?

	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
1. Getting to know people who are of a different race than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helping other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helping to make the world a better place to live in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Giving time and money to make life better for other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helping to reduce hunger and poverty in the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Helping to make sure all people are treated fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25 . How important is each of the following to you in your life?

	Not Important	Somewhat Important	Not Sure	Quite Important	Extremely Important
1. Speaking up for equality (everyone should have the same rights and opportunities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Doing what I believe is right, even if my friends make fun of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Standing up for what I believe, even when it's unpopular to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telling the truth, even when it's not easy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accepting responsibility for my actions when I make a mistake or get in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Doing my best, even when I have a job I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

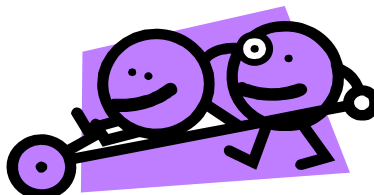


26 . Think about the people who know you well. How do you think they would rate you on each of these?

	Not at all like me	A little like me	Somewhat like me	Quite like me	Very much like me
1. Caring about other people's feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling really sad when one of my friends is unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Being good at making and keeping friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Respecting the values and beliefs of people who are of a different race or culture than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowing a lot about people of other races.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enjoying being with people who are of a different race than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 . How well does each of these statements describe you?

	Not Well 1	2	3	4	Very Well 5
1. I don't feel sorry for other people when they are having problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I see someone being taken advantage of, I want to help them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It bothers me when bad things happen to good people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It bothers me when bad things happen to any person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I see someone being treated unfairly, I don't feel sorry for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel sorry for other people who don't have what I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I see someone being picked on, I feel sorry for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It makes me sad to see a person who doesn't have friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I see another person who is hurt or upset, I feel sorry for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The following pairs of sentences are talking about two kinds of people. We'd like you to decide whether you are more like the people described on the left side or more like the people described on the right side. Do not mark a box yet.

Then we would like you to decide whether that sentence is sort of true for you or really true of you and then put an X in the box. You will only mark one of the four boxes for each question.

Please note that even though the following questions use the word teenagers, they refer to you even if you are not a teenager yet.

Example -

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
1 .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Some teenagers don't have a friend that is close enough to share really personal thoughts with	BUT	Other teenagers do have a friend that they can share personal thoughts and feelings with	<input type="checkbox"/>	<input type="checkbox"/>

FILL IN ONLY ONE RESPONSE FOR EACH PAIR OF SENTENCES

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
1 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are just as smart as others their age.	BUT	Other teenagers aren't so sure and wonder if they are as smart.	<input type="checkbox"/>	<input type="checkbox"/>
2 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers find it hard to make friends.	BUT	For other teenagers it's pretty easy.	<input type="checkbox"/>	<input type="checkbox"/>
3 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do very well at all kinds of sports.	BUT	Other teenagers don't feel that they are very good when it comes to sports.	<input type="checkbox"/>	<input type="checkbox"/>
4 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are not happy with the way they look.	BUT	Other teenagers are happy with the way they look.	<input type="checkbox"/>	<input type="checkbox"/>
5 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are ready to do well at a part-time job.	BUT	Other teenagers feel that they are not quite ready to handle a part-time job.	<input type="checkbox"/>	<input type="checkbox"/>
6 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that if they are romantically interested in someone, that person will like them back.	BUT	Other teenagers worry that when they like someone romantically, that person won't like them back.	<input type="checkbox"/>	<input type="checkbox"/>
7 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers usually do the right thing.	BUT	Other teenagers often don't do what they know is right.	<input type="checkbox"/>	<input type="checkbox"/>
8 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are able to make really close friends.	BUT	Other teenagers find it hard to make really close friends.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
9 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are often disappointed with themselves.	BUT	Other teenagers are pretty pleased with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
10 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are pretty slow in finishing their school work.	BUT	Other teenagers can do their school work more quickly.	<input type="checkbox"/>	<input type="checkbox"/>
11 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers have a lot of friends.	BUT	Other teenagers don't have very many friends.	<input type="checkbox"/>	<input type="checkbox"/>
12 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think they could do well at just about any new athletic activity.	BUT	Other teenagers are afraid they might not do well at a new athletic activity.	<input type="checkbox"/>	<input type="checkbox"/>
13 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers wish their body was different.	BUT	Other teenagers like their body the way it is.	<input type="checkbox"/>	<input type="checkbox"/>
14 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they don't have enough skills to do well at a job.	BUT	Other teenagers feel that they do have enough skills to do a job well.	<input type="checkbox"/>	<input type="checkbox"/>
15 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are not dating the people they are really attracted to.	BUT	Other teenagers are dating those people they are attracted to.	<input type="checkbox"/>	<input type="checkbox"/>
16 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers often get in trouble for the things they do.	BUT	Other teenagers usually don't do things that get them in trouble.	<input type="checkbox"/>	<input type="checkbox"/>
17 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do have a close friend they can share secrets with.	BUT	Other teenagers do not have a really close friend they can share secrets with.	<input type="checkbox"/>	<input type="checkbox"/>
18 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers don't like the way they are leading their life.	BUT	Other teenagers do like the way they are leading their life.	<input type="checkbox"/>	<input type="checkbox"/>
19 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do very well at their class work.	BUT	Other teenagers don't do very well at their class work.	<input type="checkbox"/>	<input type="checkbox"/>
20 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are very hard to like.	BUT	Other teenagers are really easy to like.	<input type="checkbox"/>	<input type="checkbox"/>
21 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are better than others their age at sports.	BUT	Other teenagers don't feel they can play as well.	<input type="checkbox"/>	<input type="checkbox"/>
22 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers wish their physical appearance was different.	BUT	Other teenagers like their physical appearance the way it is.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
23 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel they are old enough to get and keep a paying job.	BUT	Other teenagers do not feel they are old enough, yet, to really handle a job well.	<input type="checkbox"/>	<input type="checkbox"/>
24 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that people their age will be romantically attracted to them.	BUT	Other teenagers worry about whether people their age will be attracted to them.	<input type="checkbox"/>	<input type="checkbox"/>
25 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel really good about the way they act.	BUT	Other teenagers <i>don't</i> feel that good about the way they often act.	<input type="checkbox"/>	<input type="checkbox"/>
26 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers wish they had a really close friend to share things with.	BUT	Other teenagers <i>do</i> have a close friend to share things with.	<input type="checkbox"/>	<input type="checkbox"/>
27 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are happy with themselves most of the time.	BUT	Other teenagers are often not happy with themselves.	<input type="checkbox"/>	<input type="checkbox"/>
28 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers have trouble figuring out the answers in school.	BUT	Other teenagers almost always can figure out the answers.	<input type="checkbox"/>	<input type="checkbox"/>
29 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are popular with others their age.	BUT	Other teenagers are not very popular.	<input type="checkbox"/>	<input type="checkbox"/>
30 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers don't do well at new outdoor games.	BUT	Other teenagers are good at new games right away.	<input type="checkbox"/>	<input type="checkbox"/>
31 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think that they are good looking.	BUT	Other teenagers think that they are not very good looking.	<input type="checkbox"/>	<input type="checkbox"/>
32 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel like they could do better at work they do for pay.	BUT	Other teenagers feel that they are doing really well at work they do for pay.	<input type="checkbox"/>	<input type="checkbox"/>
33 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are fun and interesting on a date.	BUT	Other teenagers wonder about how fun and interesting they are on a date.	<input type="checkbox"/>	<input type="checkbox"/>
34 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do things they know they shouldn't do.	BUT	Other teenagers hardly ever do things they know they shouldn't do.	<input type="checkbox"/>	<input type="checkbox"/>
35 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers find it hard to make friends they can really trust.	BUT	Other teenagers are able to make close friends they can really trust.	<input type="checkbox"/>	<input type="checkbox"/>
36 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers like the kind of person they are.	BUT	Other teenagers often wish they were someone else.	<input type="checkbox"/>	<input type="checkbox"/>

	Really True for Me	Sort of True for Me				Sort of True for Me	Really True for Me
37 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are pretty intelligent.	BUT	Other teenagers question whether they are intelligent.	<input type="checkbox"/>	<input type="checkbox"/>
38 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are socially accepted.	BUT	Other teenagers wish that more people their age accepted them.	<input type="checkbox"/>	<input type="checkbox"/>
39 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers do not feel that they are very athletic.	BUT	Other teenagers feel that they are very athletic.	<input type="checkbox"/>	<input type="checkbox"/>
40 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers really like their looks.	BUT	Other teenagers wish they looked different.	<input type="checkbox"/>	<input type="checkbox"/>
41 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers feel that they are really able to handle the work on a paying job.	BUT	Other teenagers wonder if they are really doing as good a job at work as they should be doing.	<input type="checkbox"/>	<input type="checkbox"/>
42 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers usually <i>don't</i> go out with the people they would really like to date.	BUT	Other teenagers <i>do</i> go out with the people they really want to date.	<input type="checkbox"/>	<input type="checkbox"/>
43 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers usually act the way they know they are supposed to.	BUT	Other teenagers often don't act the way they are supposed to.	<input type="checkbox"/>	<input type="checkbox"/>
44 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers don't have a friend that is close enough to share really personal thoughts with.	BUT	Other teenagers do have a friend that they can share personal thoughts and feelings with.	<input type="checkbox"/>	<input type="checkbox"/>
45 .	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers are very happy being the way they are.	BUT	Other teenagers wish they were different.	<input type="checkbox"/>	<input type="checkbox"/>



How do you decide which things in life are important for you? How do you go about accomplishing what you want in life? In this section, we present examples of two different ways people might behave. Imagine that there are two people talking about what they would do in a particular situation. We would like you to decide which person is most similar to you - in other words, which one behaves most like you would.

To which person are you most similar?

Choose Person A or Person B for each item.

		<u>Person A</u>	OR	<u>Person B</u>	
1 .	<input type="checkbox"/>	I concentrate all my energy on a few things.	OR	I divide my energy among many things.	<input type="checkbox"/>
2 .	<input type="checkbox"/>	I take things as they come and carry on from there.	OR	I consider exactly what is important for me .	<input type="checkbox"/>
3 .	<input type="checkbox"/>	When I can't do something as well as I used to, I think about what exactly is important to me.	OR	When I can't do something as well as I used to, I wait and see what comes.	<input type="checkbox"/>
4 .	<input type="checkbox"/>	When I do not succeed right away at what I want to do, I don't try other possibilities for very long.	OR	I keep trying as many different possibilities as are necessary to succeed at my goal.	<input type="checkbox"/>
5 .	<input type="checkbox"/>	If I can't do something as well as before, I concentrate only on essentials.	OR	Even if I can't do something as well as before, I pursue all my goals.	<input type="checkbox"/>
6 .	<input type="checkbox"/>	When something does not work as well as before, I get advice from experts or read books.	OR	When something does not work as well as before, I am the one who knows what is best for me.	<input type="checkbox"/>
7 .	<input type="checkbox"/>	When I can't carry on as I used to, I direct my attention to my most important goal.	OR	When I can't carry on as I used to, I direct my attention like usual to all my goals.	<input type="checkbox"/>
8 .	<input type="checkbox"/>	Even if something is important to me, it can happen that I don't invest the necessary time or effort.	OR	For important things, I pay attention to whether I need to devote more time or effort.	<input type="checkbox"/>
9 .	<input type="checkbox"/>	When I want to achieve something difficult, I wait for the right moment and the best opportunity.	OR	When I want to achieve something difficult, I don't want to wait long for the very best opportunity.	<input type="checkbox"/>
10 .	<input type="checkbox"/>	When things don't work so well, I pursue my most important goal first.	OR	When things don't go so well , I leave it at that.	<input type="checkbox"/>
11 .	<input type="checkbox"/>	I don't think long about how to realize my plans, I just try it.	OR	I think about exactly how I can best realize my plans.	<input type="checkbox"/>
12 .	<input type="checkbox"/>	I make every effort to achieve a given goal.	OR	I prefer to wait for a while and see if things will work out by themselves.	<input type="checkbox"/>
13 .	<input type="checkbox"/>	Even in difficult situations, I don't burden others.	OR	When things aren't going so well, I accept help from others.	<input type="checkbox"/>



Choose Person A or Person B for each item.

		<u>Person A</u>	OR	<u>Person B</u>	
14 .	<input type="checkbox"/>	When I have started something that is important to me, but has little chance at success, I make a particular effort.	OR	When I start something that is important to me, but has little chance at success, I usually stop trying.	<input type="checkbox"/>
15 .	<input type="checkbox"/>	When I am not able to achieve something anymore, I direct my efforts at what is <i>still</i> possible.	OR	When I am not able to achieve something anymore, I trust that the situation will improve by itself.	<input type="checkbox"/>
16 .	<input type="checkbox"/>	I am always working on several goals at once.	OR	I always focus on the one most important goal at a given time.	<input type="checkbox"/>
17 .	<input type="checkbox"/>	Even when I really consider what I want in life, I wait and see what happens instead of committing myself to just one or two particular goals.	OR	When I think about what I want in life, I commit myself to one or two important goals.	<input type="checkbox"/>
18 .	<input type="checkbox"/>	When I decide upon a goal, I stick to it.	OR	I can change a goal again at any time.	<input type="checkbox"/>
19 .	<input type="checkbox"/>	When I want to get ahead, I don't have a tendency to look at how others have done it.	OR	When I want to get ahead, I also look at how others have done it.	<input type="checkbox"/>
20 .	<input type="checkbox"/>	When things don't work the way they used to, I look for other ways to achieve them.	OR	When things don't work the way they used to, I accept things the way they are.	<input type="checkbox"/>
21 .	<input type="checkbox"/>	When I can't do something as well as I used to, then I ask someone else to do it for me.	OR	When I can't do something as well as I used to, I accept the change.	<input type="checkbox"/>
22 .	<input type="checkbox"/>	When something doesn't work as well as usual, I look at how others do it.	OR	When something doesn't work as well as usual, I don't spend much time thinking about it.	<input type="checkbox"/>
23 .	<input type="checkbox"/>	I always pursue goals one after the other.	OR	I always pursue many goals at once, so that I easily get bogged down.	<input type="checkbox"/>
24 .	<input type="checkbox"/>	When I can no longer do something in my usual way, I think about what, exactly, I am able to do under the circumstances.	OR	When I can no longer do something in my usual way, I don't think long about it.	<input type="checkbox"/>



ABOUT MY ACTIVITIES

We want to know how often you participate in the following community clubs or activities OUTSIDE OF SCHOOL. Please mark the answer that best describes your participation during this school year or the upcoming summer. If you have never participated or no longer participate in the club, program, or activity please mark "Never."

1. Attend a 4-H Camp?

☐

Yes

☐

No

2. Community Programs

	Never	Once a Month or Less	A Couple Times a Month	Once a Week	A Few Times a Week	Every Day
1. 4-H Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Club (please fill in) _____						
2. 4-H After School Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Boy Scouts / Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. YMCA / YWCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Big Brother / Big Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Boys & Girls Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Local Youth Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The programs that I participate in after school and in the summer include science, engineering, and/or computer technology.

	Never	Rarely	Sometimes	Often
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What are those programs?

5. Are any of those programs 4-H programs?

☐

Yes

☐

No

6. The programs that I participate in after school and in the summer **INCREASE** my interest in science, engineering, and/ or computer technology.

	Never	Rarely	Sometimes	Often
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I do well in subjects related to science, engineering, and/or computer technology.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In comparison to my classmates, the way I perform at subjects related to science, engineering, and/ or computer technology is...

	Below Average			Above Average
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I plan to take science, engineering, and/or computer technology courses after I finish high school.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I plan to pursue a career in science, engineering, and/or computer technology.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
1. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Computer technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How often are you involved in Community Sports / Physical Activities: Organized Team Sports/ Athletics OUTSIDE OF SCHOOL?

Never Once a Month or Less A Couple Times a Month Once a Week A Few Times a Week Every Day

☐ ☐ ☐ ☐ ☐ ☐



12. Please specify which sports:

13. Community Sports / Physical Activities: Other Organized Sports / Athletics OUTSIDE OF SCHOOL.

	Never	Once a Month or Less	A Couple Times a Month	Once a Week	A Few Times a Week	Every Day
1. Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(specify other):

14. Arts



	Never	Once a Month or Less	A Couple Times a Month	Once a Week	A Few Times a Week	Every Day
1. Theater Troupe or Theater Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Painting, Drawing, Sketching Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Music Lessons, or Musical Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dance Lessons / Dance Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Voice / Singing Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(specify other):

15. Service Activities

	Never	Once a Month or Less	A Couple Times a Month	Once a Week	A Few Times a Week	Every Day
1. Volunteering Your Time (for example, at a hospital, day care center, food bank, youth program, community service agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mentoring / Peer Advising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tutoring Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Paid Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Go out with your friends with no set plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attending Religious Services (for example, at a church, synagogue, mosque, or other religious or spiritual place)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Religious Education (at a religious school, academy, seminary, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Religious Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(specify other): _____

Next, we would like to know how often you participate in the following SCHOOL clubs or activities. Please mark the answer that best describes your participation OVER THE LAST SCHOOL YEAR. If you never participated please mark "Never."

16. School Clubs or Activities

	Never	Once a Month or Less	A Couple Times a Month	Once a Week	A Few Times a Week	Every Day
1. School Chorus/ Chorale Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. School Band / Orchestra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. School Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. School Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Drama Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Academic Club (language, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hobby club (chess, stamps, coins, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. School Sports Teams (ex. Football, baseball, tennis, swimming, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(specify Sports Team(s)): _____

9. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(specify other): _____

17. Do you volunteer in your community or engage in other community service activities not required by your school?

☐ Yes

☐ No

18. If you answered "Yes" above, please tell us briefly why you take part in these activities.

19. During the last 12 months, how many times have you been a leader in a group or organization?

☐ Never

☐ Twice

☐ 5 or more times

☐ Once

☐ 3-4 times

20. Please indicate how often each of the following reasons might keep you from participating more often in special community/ school activities or functions (for example: dances, sporting events, clubs, etc.).

	Never	Rarely	Sometimes	Often	Very Often
1. I don't have enough money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I don't have the necessary transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My parents don't approve or support the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have too many responsibilities at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am working at a paid job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recreation centers are not open when I want to use them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. On an average school day, how many hours do you spend on the following activities?

	Never	Less than 1 Hour	1-2 Hours	3-4 Hours	5-6 Hours	7 or More Hours
1. Working on homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Playing video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. On the Internet (not including for school or video games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Doing chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reading for personal interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Practicing a skill (musical instrument, lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Exercising or being physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you do the following things?

22. Helping Others

("Helping" includes any activity that you are not required to do but you do to improve things or make things easier for other people.)

	Never	Seldom	Sometimes	Often	Very Often
1. Help out at your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Help out at your church, synagogue, or other place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Help a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Help a neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Help make your city or town a better place for people to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Personal Activities

	Never	Seldom	Sometimes	Often	Very Often
1. Wear a helmet when riding a bike, roller blading, roller skating, skate boarding, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wear a seat belt when riding in a car or truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wear sunscreen when you are outside for more than one hour on a sunny day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How many times a week do you:

	1	2	3	4	5	6	7
1. Eat dinner prepared at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eat dinner prepared at fast food restaurants (such as McDonald's, Burger King, Taco Bell)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eat dinner with members of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you ever participated in an Anti-Smoking / Healthy Decision Making program?

☐ Yes ☐ No

26. Which Anti-Smoking / Healthy Decision Making programs? (please list)

27 . How often have you felt this way during the past week ?

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues, even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 . What does it mean to you to be a religious young person?

29 . How well does your answer to the previous question about what it means to be a religious young person describe you?

Not well					Very Well
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

30 . What does it mean to you to be a spiritual young person?

31 . How well does your answer to the previous question about what it means to be a spiritual young person describe you?

Not well					Very Well
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

These days, many people your age are involved in their communities. Below is a list of items that ask you about your involvement in your community.

32 .

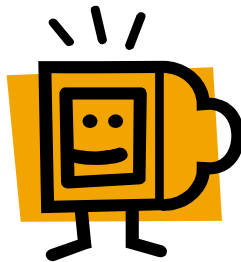
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. I believe I can make a difference in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. By working with others in the community I can help make things better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People like me and my family can influence political decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I talk to my parents/guardians about politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'm interested in my parents'/guardians' opinions about politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My parents/guardians encourage me to express my opinions about politics and current events, even if they are different from their views.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I talk to my friends about politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I'm interested in my friends' opinions about politics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My friends encourage me to express my opinions about politics, even if they are different from their views.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33 . Please let us know whether you can do the following:

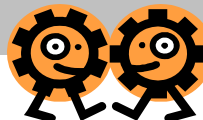
	I Definitely Can't	I Probably Can't	Maybe	I Probably Can	I Definitely Can
10. Express your views in front of a group of people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Write an opinion letter to a local newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Call someone on the phone that you have never met before to get their help with a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Contact an elected official about a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Contact or visit someone in government who represents your community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Contact a newspaper, radio, or TV talk show to express your opinion on an issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sign an e-mail or written petition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34 . In a typical week...

	Most of the Time	Some of the Time	Only Now and Then	Hardly at All
17. How often do you watch the local news on TV for information on politics and current events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How often do you watch national TV news or cable shows (such as CNN) for information on politics and current events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How often do you listen to news about politics and current events on the radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. How often do you read a newspaper for information on politics and current events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How often do you read news on the Internet about politics and current events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ABOUT MY FAMILY



1. How much do you agree or disagree with the following?

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. I get along with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My parents give me help and support when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My parents often tell me they love me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have lots of good conversations with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In my family, I feel useful and important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you had an important concern about drugs, alcohol, sex, or some other serious issue, would you talk to you parent(s) about it?

- ☐ Yes

☐ Probably not

☐ Probably

☐ No

☐ I'm not sure

3. How often does one of your parents...

	Never	Seldom	Sometimes	Often	Always
1. Help you with your school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talk to you about what you are doing in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ask about your homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Go to meetings or events at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often does each statement describe your experiences with your mother during the past year?

	Never	Seldom	Sometimes	Often	Always
1. My mother makes me feel better after talking over my worries with her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My mother sees my good points more than my faults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My mother speaks to me in a warm and friendly voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My mother understands my problems and worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My mother is able to make me feel better when I am upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My mother cheers me up when I am sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My mother has a good time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My mother tells or shows me that she likes me just the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Indicate how often the following are true for you.

	Never	Seldom	Sometimes	Often	Always
1. My parent(s) know where I am after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I am going to be home late, I am expected to call my parent(s) to let them know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I go out at night, my parent(s) know where I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My parent(s) know how I spend my money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My parent(s) know the parent(s) of my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My parent(s) know who my friends are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I tell my parent(s) who I'm going to be with before I go out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I talk to my parent(s) about the plans I have with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT THE ADULTS I KNOW

1. Not including your parents or teachers, how many adults have you known for one or more years who...

	0	1	2	3 or 4	5 or More
1. Give you lots of encouragement whenever they see you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. You look forward to spending time with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Talk with you at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spend a lot of time helping other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do things that are wrong or dangerous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Other than your parents, is there at least one other adult you would feel able to talk to if you were having problems in your life?

- ☐ No
- ☐ Yes, for at least some of my problems
- ☐ Yes, for most or all problems

3. Do you have a relationship with a significant adult, other than a parent or teacher, who you see on a regular basis?

- ☐ Yes ☐ No

If you answered "Yes" to Question 3 above, please answer the following questions 4 and 5.

If you answered "No", please go to the next section titled "ABOUT MY NEIGHBORHOOD".

4. How often do you see him/her?

- ☐ Every few months ☐ Two to five times a week
- ☐ About once a month ☐ Almost every day
- ☐ About once a week

5. Use the scale below to answer questions about the adult you have a relationship with:

	Always	Often	Sometimes	Rarely	Never
1. This person cares about how I am doing in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This person is very sure I can do well in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This person cares about me even when I make mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This person really listens to and understands me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This person looks out for me and helps me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This person and I both have fun when we're together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I talk to this person about problems with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I talk to this person about problems with my parents/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel safe when I'm with this person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I tell this person things that are very private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I talk to this person when something makes me angry or afraid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. This person gives me useful advice in dealing with my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. This person has qualities or skills that I'd like to have when I'm older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I learn how to do things by watching and listening to this person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. This person introduces me to new ideas, interests, and experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. This person pushes me to succeed at the things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sometimes I think that this person doesn't like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I don't like things this person says or does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. This person is too busy to pay attention to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. This person and I get angry at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I feel this person will let me down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If I tell this person what I'm thinking, he/she will laugh at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT MY NEIGHBORHOOD



1. How much do you agree or disagree with the following?

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. I'm given lots of chances to make my town or city a better place in which to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In my neighborhood, there are lots of people who care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adults in my town or city make me feel important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adults in my town or city listen to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In my town or city, I feel like I matter to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If one of my neighbors saw me do something wrong, he or she would tell one of my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. About how long have you lived in your current neighborhood?

- | | |
|---|--|
| <input type="checkbox"/> Less than one year | <input type="checkbox"/> 5-6 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> More than 6 years |
| <input type="checkbox"/> 3-4 years | <input type="checkbox"/> I don't know or I am not sure |

3. How many times have you moved in the last 5 years?

- | | |
|---|--|
| <input type="checkbox"/> I have not moved in the last 5 years | <input type="checkbox"/> 3 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 4 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 5 times or more |

4. How long have you lived in the United States?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> All my life | <input type="checkbox"/> 5-9 years |
| <input type="checkbox"/> 10 or more years | <input type="checkbox"/> 1-4 years |

5. How often do you feel afraid of...

	Never	Once in a While	Sometimes	Often	Always
Walking around your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT MY SCHOOL

1. What grades do you earn in school?

- | | |
|--|--|
| <input type="checkbox"/> Mostly below D's | <input type="checkbox"/> About half B's and half C's |
| <input type="checkbox"/> Mostly D's | <input type="checkbox"/> Mostly B's |
| <input type="checkbox"/> About half C's and half D's | <input type="checkbox"/> About half A's and half B's |
| <input type="checkbox"/> Mostly C's | <input type="checkbox"/> Mostly A's |

2. How much do you agree or disagree with the following?

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. My teachers really care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I get a lot of encouragement at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students in my school care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In my school, there are clear cut rules for what students can and cannot do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teachers at school push me to be the best I can be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do you...

	Never	Once in a While	Sometimes	Often	Always
1. Feel bored at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Come to classes without bringing paper or something to write with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Come to classes without your homework finished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Come to classes without your books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you...

	Never	Sometimes	Often	Always
1. Come to class unprepared (homework unfinished, forget to bring books or other materials, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complete homework on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skip classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Actively take part in group (class) discussions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work hard to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Mark the response that comes closest to how you feel about each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel part of my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I care about the school I go to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am happy to be at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I don't find school fun and exciting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I enjoy the classes I am taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Fill in the response that comes closest to how you feel about each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I want to learn as much as I can at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think it is important to make good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I think the things I learn at school are useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I think a lot about how to do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. School is very important for later success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT MY FUTURE



1. If nothing stood in your way, how much education would you want to complete?

- | | |
|---|--|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> 2-year college – Associate degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college – Bachelor degree |
| <input type="checkbox"/> High school diploma / G.E.D. | <input type="checkbox"/> Degree after college |
| <input type="checkbox"/> Trade or vocational school | <input type="checkbox"/> Not sure |

2. As things stand now, how much education do you expect to complete?

- | | |
|---|--|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> 2-year college – Associate degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college – Bachelor degree |
| <input type="checkbox"/> High school diploma / G.E.D. | <input type="checkbox"/> Degree after college |
| <input type="checkbox"/> Trade or vocational school | <input type="checkbox"/> Not sure |

3. If you could have any job you wanted when you grow up, what job would you really like to have?

4. How much training and education is needed to get this dream job?

- | | |
|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> 2-year college – Associate degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college – Bachelor degree |
| <input type="checkbox"/> High school diploma / G.E.D. | <input type="checkbox"/> Degree after college |
| <input type="checkbox"/> Trade or vocational school | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other (please specify): _____ |

5. What have you been doing to prepare yourself so you can get your dream job?

- ☐ Regular course work
- ☐ College prep and advanced courses
- ☐ Out of school activities
- ☐ Internship or apprenticeship
- ☐ Volunteer work
- ☐ Paid work
- ☐ Other (please specify): _____

6. Of all the jobs there are, what job do you think you will probably have when you grow up?

7. How much training and education is needed to get the job that you will probably have?

- | | |
|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> 2-year college – Associate degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> 4-year college – Bachelor degree |
| <input type="checkbox"/> High school diploma / G.E.D. | <input type="checkbox"/> Degree after college |
| <input type="checkbox"/> Trade or vocational school | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Other (please specify): _____ |

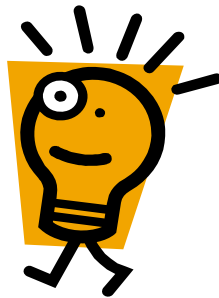
8. What have you been doing to prepare yourself so you can get the job that you will probably have?

- ☐ Regular course work
- ☐ College prep and advanced courses
- ☐ Out of school activities
- ☐ Internship or apprenticeship
- ☐ Volunteer work
- ☐ Paid work
- ☐ Other (please specify): _____

9. Who are the key people influencing your decisions about your career plan? How?

10. Think about how you see your future. What are your chances for the following?

	Very Low	Low	About 50/50	High	Very High
1. Be involved in community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Be involved helping other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have friends you can count on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Be healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Be safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Be active in a religious community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spend time in prayer or spiritual reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please mark one box for the answer that best describes what is happening to you.

ONLY FOR GIRLS

Boys please go to next page

1. Would you say that your growth in height:

- ☐ Has not yet begun to spurt ("spurt" means more growth than usual)
- ☐ Has barely started
- ☐ Is definitely underway
- ☐ Seems completed

2. And how about the growth of body hair ("body hair" means underarm and pubic hair)? Would you say that your body hair has:

- ☐ Not yet started growing
- ☐ Has barely started growing
- ☐ Is definitely underway
- ☐ Seems completed

3. Have you noticed any skin changes, especially pimples?

- ☐ Not yet started showing changes
- ☐ Have barely started showing changes
- ☐ Skin changes are definitely underway
- ☐ Skin changes seem completed

4. Have your breasts begun to grow?

- ☐ Not yet started growing
- ☐ Have barely started changing
- ☐ Breast growth is definitely underway
- ☐ Breast growth seems completed

5. Do you think your development is any earlier or later than most other girls your age?

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About the same
- ☐ Somewhat later
- ☐ Much later

6. Have you gotten your period yet?

- ☐ No
- ☐ Yes

Please mark one box for the answer that best describes what is happening to you.

ONLY FOR BOYS

Girls please complete previous page

1. Would you say that your growth in height:

- ☐ Has not yet begun to spurt ("spurt" means more growth than usual)
- ☐ Has barely started
- ☐ Is definitely underway
- ☐ Seems completed

2. And how about the growth of body hair ("body hair" means underarm and pubic hair)? Would you say that your body hair has:

- ☐ Not yet started growing
- ☐ Has barely started growing
- ☐ Is definitely underway
- ☐ Seems completed

3. Have you noticed any skin changes, especially pimples?

- ☐ Not yet started showing changes
- ☐ Have barely started showing changes
- ☐ Skin changes are definitely underway
- ☐ Skin changes seem completed

4. Have you noticed a deepening of your voice?

- ☐ Not yet started changing
- ☐ Has barely started changing
- ☐ Voice change is definitely underway
- ☐ Voice change seems completed

5. Have you begun to grow hair on your face?

- ☐ Not yet started growing hair
- ☐ Has barely started growing hair
- ☐ Facial hair growth is definitely underway
- ☐ Facial hair growth seems completed

6. Do you think your development is any earlier or later than most other boys your age?

- ☐ Much earlier
- ☐ Somewhat earlier
- ☐ About the same
- ☐ Somewhat later
- ☐ Much later

FOR BOTH BOYS AND GIRLS

1. Have you ever had sexual intercourse (i.e. made love, went all the way)?

☐

Yes

☐

No

If you answered "No" to Question 1, please skip to Question 4

2. If you answered "yes", how old were you the first time you had sexual intercourse?

☐

11 or younger

☐

15

☐

12

☐

16

☐

13

☐

17

☐

14

☐

18 or older

3. If you do have sexual intercourse, do you use protection/contraception?

☐

Yes, always

☐

Sometimes

☐

No, never

4. Are you sexually attracted to males?

Not at all
1

2

3

4

5

Very
Strongly
6

☐☐☐☐☐☐

5. Are you sexually attracted to females?

Not at all
1

2

3

4

5

Very
Strongly
6

☐☐☐☐☐☐

How do you usually behave when you encounter new people, events, or things in your world?

- For each of the following sentences please say if the sentence is usually true for you; is more true than false for you; is more false than true for you; or is usually false for you. There are no "right" or "wrong" answers because all people behave in different ways.

	Usually FALSE	More FALSE than True	More TRUE than False	Usually TRUE
1. It takes me a long time to get used to a new thing in the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Once I am involved in a task, nothing can distract me from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I persist at a task until it's finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can always be distracted by something else, no matter what I may be doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I stay with an activity for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It takes me a long time to adjust to new schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If I am doing one thing, something else occurring won't get me to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Changes in plans make me restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Things going on around me cannot take me away from what I am doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Once I take something up, I stay with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am hard to distract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When things are out of place, it takes me a long time to get used to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I resist changes in routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. We are interested in two aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways.

2. For each item, please answer using the following scale:

	Strongly disagree 1	2	3	Neutral 4	5	6	Strongly agree 7
1. When I want to feel more <i>positive</i> emotion (such as joy or amusement), I <i>change what I'm thinking about</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I keep my emotions to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I want to feel less <i>negative</i> emotion (such as sadness or anger), I <i>change what I'm thinking about</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I am feeling <i>positive</i> emotions, I am careful not to express them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I'm faced with a stressful situation, I make myself <i>think about it</i> in a way that helps me stay calm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I control my emotions by <i>not expressing them</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I want to feel more <i>positive</i> emotion, I <i>change the way I'm thinking</i> about the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I control my emotions by <i>changing the way I think</i> about the situation I'm in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I am feeling <i>negative</i> emotions, I make sure not to express them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I want to feel less <i>negative</i> emotion, I <i>change the way I'm thinking</i> about the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. During the last 12 months, have you ever done any of the following?

	Never	Once or Twice	Occasionally	Regularly
1. Smoked cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Used chewing tobacco or snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Drank beer, wine, wine coolers, or liquor - more than just a few sips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sniffed glues, sprays or gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Used marijuana (grass, pot) or hashish (hash, hash oil).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Used any other drug, such as ecstasy, speed, heroin, crack or cocaine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Taken steroid pills or shots without a doctor's prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there people in your household (not including yourself) who smoke cigarettes?

☐ No ☐ Yes

5. Do you smoke?

☐ No ☐ Yes

6. Do you think you will smoke in the future?

☐ No ☐ Yes

7. Individuals differ in whether they approve or disapprove of people doing certain things. Do YOU approve or disapprove of people your age who smoke cigarettes?

☐ I strongly disapprove
 ☐ I approve
☐ I disapprove
 ☐ I strongly approve
☐ I neither approve nor disapprove

8. How much pressure do you feel from your friends and schoolmates to smoke cigarettes?

☐ No pressure
 ☐ Some
☐ A little
 ☐ A lot

9. During the last 12 months, have you ever done any of the following?

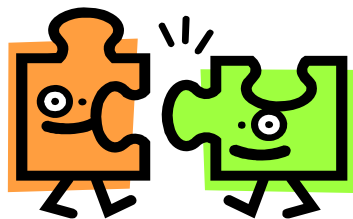
	Never	1 Time	2 Times	3-4 Times	5 or More Times
1. Stolen something from a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gotten into trouble with the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hit or beat up someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Damaged property just for fun (such as breaking windows, scratching a car, putting paint on walls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Carried a weapon (such as a gun, knife, club, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Among the people you consider to be your closest friends, how many would you say...

	None	A Few	Some	Most	All
1. Smoke cigarettes occasionally or regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drink alcohol once a week or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have used drugs such as marijuana or cocaine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Get into trouble at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How true is each of these statements for you?

	Never True	Seldom True	Sometimes True	Often True	Always True
1. I trust my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel my friends are good friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My friends care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My friends are there when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A child is **BEING BULLIED** when another child, or a group of children, says or does nasty and unpleasant things to him or her. It is also bullying when a child is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is **NOT BULLYING** when two children of about the same strength or power argue or fight. It is also **NOT BULLYING** when teasing is done in a friendly and playful way.

1. In the past couple of months:

	Never	Only Once or Twice	2 or 3 Times a Month	About Once a Week	Several Times a Week
1. How often have you taken part in bullying another child or other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often have you been bullied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often have you been teased about your religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often have you been teased about your race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often have you been teased about your looks or speech?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you most likely react if you saw the following things happen to a child and this child was not able to protect himself or herself?

If the child is:

	I'd Be Very Upset	I'd Be a Bit Upset	I Would Not Feel One Way or the Other	I'd Sort of Like It	I'd Like It a Lot
1. Teased about his or her religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Teased about his or her race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Teased about his or her looks or speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hit, slapped, or pushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The subject of false rumors or lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ignored or left out of things on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Called mean and hurtful names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



THANK YOU!!!

Please DO NOT FOLD this survey!

Please return the survey using the large, self-addressed, stamped manila envelope included in this packet.

The 4-H Longitudinal Study of Positive Youth Development
 Institute for Applied Research in Youth Development
 Lincoln-Filene Building
 Tufts University
 Medford, MA 02155